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## \*BIBDATASHEET\*

CONFIRMATION NO. 3318

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/767,027	<b>FILING OR 371(c) DATE</b> 01/22/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 3486-023 DIV3
<b>APPLICANTS</b> Mark Hochman, Lake Success, NY; Claudia Hochman, Lake Success, NY; Angelo Ascione, Woodbridge, NJ; Lawrence Brown, Enola, PA; Hardie Johnson, Enola, PA; Michelle Lockwood, Mechanusburg, PA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/201,464 11/30/1998 PAT 6,200,289 and claims benefit of 60/081,388 04/10/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 22440				
<b>TITLE</b> Drug delivery system with profiles				
<b>FILING FEE RECEIVED</b> 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	